

Outside Clinic Form

Member Name:_____ Horse's Name:_____

4-H Club:_____ Leader's Name:_____

Event:_____ Location:_____ Date:_____

Clinician/Judge:_____ Signature:_____

Horse Project (related project of this event):_____

Educational value of this event (Use the space below to list classes or events entered, placings as applicable, judge's or clinician's comments. Also, please tell us what you learned from participating in this outside clinic.):
